



Express Mail No.: EV 335 858 631 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: SIEGALL *et al.*

Confirmation No.: 9908

Serial No.: 09/724,409

Examiner: Canella, K.

Filed: November 28, 2000

Group Art Unit: 1642

For: NUCLEIC ACIDS ENCODING ANTI-CD40
ANTIBODIES AND METHODS OF PRODUCING
RECOMBINANT ANTI-CD40 PROTEINS

Attorney Docket No.: 9632-014

RECEIVED

FEB 24 2004

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

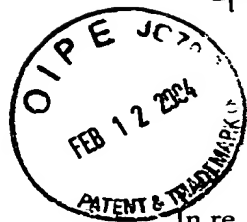
Sir:

In reply to the outstanding non-final Office Action dated November 12, 2003 and in accordance with Rule 111 of the rules of practice, please enter the following amendments and consider the remarks below in connection with the above-identified application. Applicants submit concurrently herewith (1) an Amendment Fee Transmittal Sheet; (2) Statement of Attorneys For Assignee Regarding Permanence and Availability of Deposited Microorganisms; and (3) Revocation and Power of Attorney by Assignee.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 9 of this paper.



02-17-04

1642

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FEE TRANSMITTAL SHEET

FEB 24 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

| (Col. 1)0 | | | (Col. 2) | (Col. 3) | <input checked="" type="checkbox"/> SMALL ENTITY | | | <input type="checkbox"/> OTHER THAN A SMALL ENTITY | | |
|--|----|-------|-----------------------------------|------------------|--|---------------|----|--|------------|--|
| CLAIMS REMAINING AFTER AMENDMENT | | | HIGHEST NO. PREVIOUSLY PAID | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE | |
| TOTAL | 93 | MINUS | 97 | 0 | x 9 | \$ 0.00 | | x 18 | \$ | |
| INDEP. | 15 | MINUS | 15 | 0 | x 42 | \$ 0.00 | | x 84 | \$ | |
| | | | | | | \$ | | | \$ | |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | TOTAL | \$ 0.00 | OR | TOTAL | \$ | |

Please charge the required fee to Jones Day Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Date: February 12, 2004

Respectfully submitted,

Adriane M. Antler
Adriane M. Antler
JONES DAY
222 E. 41st St.
New York, New York 10017
(212) 326-3939

By Miller

REG No 40,203 32,605
(Reg. No.)

Enclosures